PART B - FEE(S) TRANSMITTAL

04/02/2010

CURRENT CORRESPONDENCE ADDRESS (Note: Use islock 1 for any change of address)

7590

PTOL-85 (Rev. 08/07) Approved for use through 08/31/2010.

26111

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

Certificate of Mailing or Transmission

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate. All further concepondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or discreted otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate FEE ADDRESS' for maintenance from collisations. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

STERNE, KESSLER, GOLDSTEIN & FOX P.L.L.C. 1100 NEW YORK AVENUE, N.W. WASHINGTON, DC 20005				I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
				***************************************		(Depositor's name)
			<u> </u>	***************************************	***************************************	(Signature)
						(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	1	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/706,285	11/13/2003		Richard Greenfield		1875,3700001	5666
TITLE OF INVENTION: A	PPARATUS AND M	ETHOD FOR LATENC				
APPLN, TYPE	SMALL ENTITY	ISSUE FÉE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	07/02/2010
EXAMINER		ART UNIT	CLASS-SUBCLASS			
ALIA, CUR		2474	370-465000			
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			2. For printing on the patient front page, list (1) the names of up to 3 registered patient autoriess or agents OK, alternatively, (2) the name of a single firm (theiring a a nember of up to 2. Registered patient autoriesy or a gents. If no name is limited, to name will be printed.			
3. ASSIGNEE NAME AND	RESIDENCE DATA	A TO BE PRINTED ON				
PLEASE NOTE: Unless	an assignee is ident	ified below, no assignce	data will appear on the p	atent. If an assigned assignment.	e is identified below, the	locument has been filed for
PLEASE, NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has be recolation as set forch in 37 CFE 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE						
Broadcom Corporation			Irvine, California			
Please check the appropriate	e assignee category or	categories (will not be p	rinted on the patent):	Individual 🖾 Con	poration or other private gr	oup entity 🗖 Government
4a. The following fee(s) are	submitted:	4	b. Payment of Fee(s): (Ple	se first reapply any	previously paid issue fee	shown above)
☑ Issue Fee ☐ A check is enclosed.						
☑ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies						
Advance Order - # o	f Copies		overpayment, to Depo	sit Account Number	19-0036 (enclose	in extra copy of this form).
5. Change in Entity Status a. Applicant claims S			b. Applicant is no los	ger claiming SMALI	LENTITY status. See 37 C	FR 1.27(g)(2).
NOTE: The Issue Fee and P interest as shown by the rec	Publication Fee (if rea	nired) will not be accepte	d from anyone other than	he applicant; a regist	ered attorney or agent; or t	he assignee or other party in
	M	Para		- 4 "	June 2010	
Authorized Signature	2 4.0	7				
Typed or printed name _	Glenn J. Perry	//		Registration No		
This collection of informati an application. Confidential submitting the completed a ₁ this form and/or suggestion Box 1450, Alexandria, Virg Alexandria, Virginia 22313	on is required by 37 C lity is governed by 35 pplication form to the s for reducing this bu- junia 22313-1450. DO -1450.	FR 1.311. The informati- U.S.C. 122 and 37 CFE USPTO. Time will vary rden, should be sent to the ONOT SEND FEES OR persons are required to re	on is required to obtain or 1.14. This collection is y depending upon the indi- se Chief Information Offic COMPLETED FORMS T	retain a benefit by the timated to take 12 m ridual case. Any con er, U.S. Patent and T O THIS ADDRESS.	e public which is to file (an inutes to complete, includit nments on the amount of ti 'radcmark Office, U.S. Dep SEND TO: Commissioner isplays a valid OMB contro	d by the USPTO to process; gathering, preparing, and me you require to complete sattment of Commerce, P.O. for Patents, P.O. Box 1450. I number.

OMB 0651-0033